

USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and
Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County Reno	Fraction <i>near center of south side</i> 1/4 1/4 1/4	Section number 2	Township number T 24 S	Range number R 4 EW
2. Distance and direction from nearest town or city: 4 mi. SW of Burrton Street address of well location if in city:			3. Owner of well: Eguus Beds GMD #2 R.R. or street: Box 232 City, state, zip code: Halstead, KS 67056		
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: 6. Bore hole dia. 4.0 in. Completion date 3/78 Well depth 48 ft. 7. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input checked="" type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary 8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input checked="" type="checkbox"/> Other 9. Casing: Material steel Height: Above or below Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Surface 21.78 ft. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 1.25 in. to 4.5 ft. depth <input checked="" type="checkbox"/> All Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <input type="checkbox"/>		
5. Type and color of material			From	To	10. Screen: Manufacturer's name Johnson Red Head wellpoint Type wellpoint Dia. 1 1/4 Slot/gauze 10 Length 36 in Set between 45 ft. and 48 ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? no Size range of material <input type="checkbox"/>
					11. Static water level: <input type="checkbox"/> mo./day/yr. 10.42 ft. below land surface Date 8/29/78
					12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <input type="checkbox"/> g.p.m.
					13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>
					14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade
					15. Well grouted? yes With: <input checked="" type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 2 ft.
					16. Nearest source of possible contamination: ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
					17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other
					(Use a second sheet if needed)
18. Elevation: 1465 Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: EB-1A		20. Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Eguus Beds GMD Business name Box 232, Halstead License No. <input type="checkbox"/> Address Box 232, Halstead Signed Thomas C. Jell Date 1/15/79 Authorized representative		

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5